

APPLICATION DATA SHEET

Application Information	
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R::	None
Title::	Microfluidic Flow Monitoring Device
Attorney Docket Number::	JYG182AUSA
Request for Early Publication?	No
Request for Non-Publication?	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	10
Small Entity::	Yes
Petition Included::	No
Secrecy Order in Parent Application::	No

Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Switzerland
Status::	Full Capacity
Given Name::	Joël
Middle Name::	Stephane
Family Name::	Rossier
Name Suffix::	
City of Residence::	Vionnaz
State or Province of Residence::	
Country of Residence::	Switzerland
Street of Mailing Address::	Ch. des Ravines 13
City of Mailing Address::	Vionnaz
State or Province of Mailing Address::	
Country of Mailing Address::	Switzerland
Postal or Zip Code of Mailing Address::	CH-1895

Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Switzerland
Status::	Full Capacity
Given Name::	Patrick
Middle Name::	
Family Name::	Morier
Name Suffix::	
City of Residence::	Blonay
State or Province of Residence::	
Country of Residence::	Switzerland
Street of Mailing Address::	Ch. des Baisemens 7
City of Mailing Address::	Blonay
State or Province of Mailing Address::	
Country of Mailing Address::	Switzerland
Postal or Zip Code of Mailing Address::	CH-1807

Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Switzerland
Status::	Full Capacity
Given Name::	Frédéric
Middle Name::	
Family Name::	Reymond
Name Suffix::	
City of Residence::	La Conversion
State or Province of Residence::	
Country of Residence::	Switzerland
Street of Mailing Address::	Rte de Corsy 23
City of Mailing Address::	La Conversion
State or Province of Mailing Address::	
Country of Mailing Address::	Switzerland
Postal or Zip Code of Mailing Address::	CH-1093

Correspondence Information	
Correspondence Customer Number::	00270
Phone Number::	215-540-9216
Fax Number::	215-540-5818
E-Mail Address::	wbak@howsonandhowson.com

Representative Information		
Representative Customer No. ::	00270	

Domestic Priority Information			
Application	Continuity Type	Parent Application	Parent Filing Date
This Application	National Stage of	PCT/EP2004/010733	09/15/04
PCT/EP2004/010733	An application claiming the benefit under 35 USC 119(e)	60/503,616	09/15/03

Foreign Priority Information			
Country	Application Number	Filing Date	Priority Claimed

Assignee Information	
Assignee Name::	DiagnoSwiss S.A.
Street of Mailing Address::	Rte de l'Ile-au Bois 2 c/o Cimo SA, Case Postale
City of Mailing Address::	Monthey
State or Province of Mailing Address::	
Country of Mailing Address::	Switzerland
Postal or Zip Code of Mailing Address::	CH-1870